

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**10 / 522490**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	C	C				
4						
5						
6						
7						
8						
9	X	X				
10	X	X				
11						
12						
13	X	X				
14	X	X				
15	X	X				
16	X	X				
17						
18	1					
19						
20	X	X				
21	X	X				
22	X	X				
23	1					
24						
25						
26						
27						
28						
29						
30						
31						
32						
33	C	C				
34						
35	X	X				
36	X	X				
37						
38	C	C				
39						
40						
41						
42	X	X				
43	X	X				
44						
45	X	X				
46	X	X				
47	X	X				
48	X	X				
49						
50						
TOTAL IND.	3					
TOTAL DEP.	26					
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						